Responding to Trauma from Forced Migration and Resettlement:
Rethinking Perspectives on Sudanese Refugees

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Responding to Trauma from Forced Migration and Resettlement: Rethinking Perspectives on Sudanese Refugees

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ABSTRACT: Often the extra-ordinary stories of refugee lives are well known to embassies, immigration officials and other support agencies. The associated experiences that account for protracted conflicts speak of atrocities and trauma almost beyond the level of imagination with accounts of forced marches, dislocation, death and despair. There is inherent value in knowing such experiences; after all, illuminating the stories of oppression can elevate such concerns to the eyes of the world stage. However, a less explored path has been that of understanding how those claiming refugee status have responded to such traumatic events. This paper presents a qualitative research project that distinguishes the effects of trauma from a person's response to it by exploring what has helped Sudanese men find hope, healing and resilience in both resettlement and forced migration contexts.

INTRODUCTION

This paper focuses on Sudanese men's responses to traumatic experiences within forced migration and resettlement contexts. There are now more than 24,000 Sudanese refugees who have immigrated to Australia via the humanitarian programme visa scheme since 1996 (DIC, 2007). Most of these recent Australian arrivals have come from Southern Sudan as a direct consequence of Sudan's civil wars (see Duffield, 2003; Jok, 2001; Ruiz, 1998). With few exceptions, Southern Sudanese refugees have survived traumatic and dangerous experiences associated with forced migration including displacement, torture, rape and other forms of injustice (Bolea, Grant, Burgess, & Plasa, 2003; Jeppsson & Hjern, 2005; Schweitzer, Melville, Steel, & Lacherez, 2006). Many Sudanese people spent several years in refugee camps before resettling under humanitarian auspices in countries such as the United States, Canada, Australia and the United Kingdom. This research has endeavoured to broaden the scope within which the emerging Sudanese community in Adelaide can be understood. It critically examines the pathways of garnering people's lived experience in relation to forced migration and resettlement by not only documenting the effects of trauma but importantly; how people respond to traumatic events.

While there is a growing body of knowledge about Sudanese refugees resettling in Australia (Khawaja et al., 2008, Schweitzer et al., 2007, Schweitzer et al., 2006, Westoby, 2008), little is still known about their experiences, hopes and aspirations in resettlement contexts. This research has aspired to elevate Sudanese voices as much as possible by taking an emic focussed or an insider's approach that attempts to identify participant realities constructed in the specific contexts of Southern Sudanese living in diaspora. As such, this research has adopted a constructivist orientation to its methodology and thereby maintains that the resulting analysis and theory generation are interpretative portrayals of the Southern Sudanese, not an exact or objective picture of them. From this perspective, Sudanese men have spoken about their skills and knowledges of healing, and the ways they think

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Western professionals can better work alongside this rapidly growing community in Australia. Importantly, they have voiced how they want to contribute to Australian society as a critical pathway to healing.

STUDY DESIGN
This qualitative study reports on twenty four Sudanese men's in depth narratives, and an ongoing ethnographic engagement with their community over the period of several years (see Marlowe, 2009). The interview process was inspired by White (2004) and Denborough's (2006) writings on using 'double storied testimony' which provides a flexible framework to acknowledge both the trauma story and a person's response to it. These interviews were audio recorded and transcribed. After transcription, the participant was given a written copy of the interview that included a two page executive summary of what the author thought were the main themes of the interview. In subsequent meetings (ranging from 1-6 additional interviews), the participant could make any omissions, changes or additions to the interview transcript and executive summary as he saw fit. The amended transcript was then imported into the qualitative software package NVivo 8 to help sort, manage and code the data. Analysis was carried out through a process of initial and focused coding, writing memos, theoretical sampling and using the constant comparative method as per constructivist grounded theory (Charmaz, 2006). In total, seventy interviews were conducted. This information was triangulated through the ethnographic field data with the community that importantly helped to link participant narratives and attitudes to actions within the community.

RESULTS
The results section is divided into two parts. The first outlines Sudanese participant expressions of trauma to highlight what they saw as being the most difficult aspects of their experience in both forced migration and resettlement contexts. The second discusses how these men responded to such situations. Due to the word limit of this paper, the participant comments are not widely used. However, these results reflect the predominant significance, emphasis and frequency of reported participant concerns and responses to trauma. Several papers are currently under review that provide the associated participant voices and ground the analytical processes to the actual data.

It is worth emphasising that initially this research was focused upon trauma in forced migration contexts. However, following the inductive and emergent processes associated with grounded theory, it was possible to follow these men's narratives into resettlement. It was often in resettlement contexts that these men wanted to speak in relation to their experiences and responses to trauma, and to outline their concerns and aspirations both in the present and future. The inclusion of resettlement is significant as the participant's repeatedly identified that the resettlement experience (albeit under different circumstances as forced migration) can be just as difficult as the traumatic events associated with leaving one's country of origin.

Expressions of Trauma: Recognising the Social and the Situational
Overall, expressions of trauma were primarily located within the social and situational domains of refugee lives. In other words, participants have spoken about the social expressions of trauma as being separated from loved ones and lacking the opportunity to contribute to family and community well-being as the most difficult aspects of their 'refugee experience'. Likewise, the effects of separation and the unknown status of loved ones (whether alive or passed away) have had a direct impact on the difficulties of adapting to life in Australia that highlights their

transnational gaze between two continents. Participants expressed the situational domains predominantly in refugee camps where there were very few opportunities for employment and ability to support oneself or family. When asked about the most difficult and ongoing effects of trauma, participants frequently identified lacking an education as a lamentable outcome of civil war and life in these camps. Participants related these scarce opportunities for training and schooling as present and future considerations as they highlighted the additional challenges and barriers to locate meaningful employment in resettlement contexts. Thus, participants strongly emphasised the situational domains of unemployment and lacking an education as some of the most traumatising aspects of their 'refugee journey' as it has greatly diminished their opportunity for agency: past and present. While many participants spoke of forced marches, violence, hunger, sickness and other forms of despair; the social consequences of being separated and the situational outcomes of lacking an education and limited pathways to employment were repeatedly recognised as being the most traumatic and what were often identified as obstacles to healing.

Responding to Trauma: Highlighting the Social, Spiritual and Agential
The responses that men identified as being helpful, sustaining and directed towards healing in forced migration contexts have often been the same responses employed in resettlement. The men's narratives presented most responses to trauma and forms of healing within the primary domains of social connectedness, maintaining agency (often through education and employment) and having a sense of spirituality. Participants spoke of these three domains as areas that foster hope; something that has been a key mediating factor to respond to traumatic events. Several men mentioned the *in vivo* concept of '*placing hope in front of you'* as a way to cope with such difficult situations.

As previously outlined, participant's expressions of trauma were most often communicated through social and situational domains; and correspondingly, being with other members of the Sudanese community has helped to alleviate the associated effects. In general, Sudanese participants acknowledged the importance of talking through traumatic experiences with others as a general form of catharsis or something that 'releases' the pain of such experiences. Almost without exception, the sharing of such stories was done with someone that they knew and trusted- often from the Sudanese community.

> *So problems become a shared kind of community problem so it is not an individual problem. When you take problem from an individual problem to a community problem, you have lessened that effect of it.*

Associated with the social domain has been that the Sudanese community has helped its associated members maintain a workable balance between one's past and the present realities in resettlement contexts. Thus, responding to trauma has involved negotiating life in Australia while finding a frame of reference with one's history, cultural background, parent teachings and spiritual beliefs. The importance of community based responses was highly evident at people's homes when a family member or friend had died either in Australia or Sudan. Often there would be more than one hundred people present with mattresses covering the floor evidencing that a person living through loss was never alone. Thus, social expressions of trauma were often mediated through social interactions and support with family, elders and the community. Similar studies with resettling Sudanese communities have also documented the important local and endogenous social roles of healing (Khawaja, White, Schweitzer, & Greenslade, 2008; Westoby, 2008).

The second major pathway of responding to trauma was through one's spirituality.

Generally, spirituality was either strongly emphasised in a participant's narrative as being healing and helpful or else it was absent altogether. More than half of the participants made direct references to how Christianity and a faith in God helped them to respond to adversities in both forced migration and current resettlement contexts. Participants identified that this domain has helped mediate traumatic experiences in the following ways: (1) transcending conflict and suffering; (2) fostering hope; (3) receiving direction from the Bible; and (4) creating social connectedness and cohesion. Having a sense of spirituality or religiosity has helped create a frame of reference and meaning to navigate the sequelae of trauma.

As outlined in the expressions of trauma, the situational domains of unemployment, life in refugee camps, lacking an overall sense of agency and having few opportunities to pursue an education have been one of the most common expressions of trauma. Likewise, finding opportunities for agential realisation have been one of the most healing. Participants identified practical outcomes such as locating housing, obtaining an education, having one's children succeed in school and finding employment as some of the most salient considerations of recovery whereby opportunities for self determination were greater realised.

DISCUSSION

Overall, the extended engagement with the Sudanese community over a period of several years highlights in many respects that they have the tools and knowledge to respond to trauma and locate pathways to healing. The expressions and understandings of trauma within this research can be summarised as the following:

- Expressions of trauma were most often situated within the social and situational domains of people's lives whereby there were limited opportunities to contribute to their own communities well being and that of the greater society
- The social domains of trauma were primarily defined through parental separation but also included considerations of family and community dislocation
- The situational domains of trauma were primarily expressed through educational limitations and few opportunities for meaningful employment: both of which were identified as indicators for self determination
- The resettlement experience can be just as (if not even more so) traumatising than forced migration itself due to negotiating a new social reality

The experiences of forced migration can be unquestionably traumatic; however, it is important to differentiate a traumatic event and a traumatised person. One participant makes this distinction very clear:

> *We need to get rid of that thinking that our people are traumatised. We were traumatised, yes this is true and that is fine. But that does not mean what we are. We are something different and we can provide. We can offer. We can contribute.*

While acknowledging the associated impacts of trauma on people's well-being as important areas of inquiry; there is also a greater call to examine refugee lives beyond the purviews of trauma dominated perspectives. Such a shift helps to traverse past victimised and pathologised vantage points towards other alternatives whereby people claiming refugee status can be greater seen as agents capable of making meaningful contributions to Australian society (see also Bracken, Giller, &

Summerfield, 1997; Pupavac, 2008; Summerfield, 1999; Westoby & Ingamells, 2009). Many participants spoke about the negative sequelae of war trauma either in their own lives or that of their community. However, it is worth noting that participants primarily did not emphasise the negative psychological effects of trauma and rather directed their focus towards structural considerations of employment, suitable housing and supporting their children in schools.

It is highly important to acknowledge that this research is not suggesting that negative mental health outcomes are not possibly there or that Western-based psychosocial interventions are not needed. The adverse psychological impacts of trauma arising from forced migration and resettlement are generally established within the academic literature (Mollica, Caridad, & Massagli, 2007; Murray, Davidson, & Schweitzer, 2008; Silove, 1999). Rather, it was that the associated sequelae and symptomatology (if there) were not spoken about. A potential critique could be that the researcher as an 'outsider' did not have the 'insider' access to these participant's stories and expressions. This critique could certainly be true. However, it is also worth acknowledging that in documenting these men's narratives that participants spoke of experiences that they had not revealed to embassies or immigration officials because the associated accounts could have affected their request for refugee recognition or humanitarian entry to Australia. Many of their stories were of a profound and personal nature. Regardless of the veracity of these comments and the researcher's ability to capture the true sequelae of trauma, the participant's focus on the situational and social domains can not be discounted and needs further consideration. It is after issues such as affordable housing, access to employment, English language acquisition and educational trainings are addressed (often situated in structural considerations) that the interpersonal work of resolving psychopathological sequelae can be better addressed, if resonant and needed.

Sudanese people have a number of pathways to respond to traumatic events that include: social, spiritual and agential pathways. Realising these responses requires a critical engagement with structural forces and social policies that may serve as impediments to pathways of recovery, and highlights the important role of health care professionals to consider the broader social and political contexts that refugee lives emerge. For example, recent Australian based studies have shown the presence of a segmented labour market whereby African migrants are allocated low status jobs, if one at all, regardless of their prior skills and training (Colic-Peisker & Tilbury, 2006, 2007; Fozdar & Torezani, 2008). Many participants addressed how commentary from politicians such as the former Immigration Minister Kevin Andrews who claimed that Sudanese people were failing to integrate into Australian society (Hart & Maiden, 2007) and negative and trauma focussed media portrayals (Robins, 2003; Windle, 2008) have limited opportunities for Sudanese people to participate as peers in Australian society. It is certainly arguable that by going beyond trauma dominated perspectives (which can potentially pathologise and victimise people claiming refugee status); it is possible to critically rethink how we might view Sudanese resettlement in Australia.

The shifted focus from traumatised individuals to people who are capable of responding to traumatic events helps to render other important considerations visible in resettlement contexts that include: structural inequalities and unjust social policies that can directly impact upon local forms of healing, resistance and recovery from traumatic experiences. Realisations of employment and education have provided pathways whereby some of Australia's most recent citizens can contribute in meaningful ways; both within their communities and outside it. Participants repeatedly noted how in resettlement contexts that the hope for a better future has helped them to work through and move beyond traumatic experiences. Numerous

other studies have highlighted the importance of hope in refugee lives (Goodman, 2004; Khawaja et al., 2008; Luster, Qin, Bates, Johnson, & Rana, 2009) and how traumatic experiences can present opportunities for growth (Rosseau & Measham, 2007). A participant spoke about hope and the associated importance of having people around him to negotiate difficult situations and traverse beyond them:

> *What I think can help me is to have a relationship with other people. But I can't help by myself alone… Why? It is because- one hand cannot clap, but two hands can clap themselves. What I mean by that is when we meet or do something, nothing difficult for two or three people to take this.*

Sudanese hands are brought together in a multitude of ways. It has followed that participants responded to social expressions of trauma through the important social functions and associated knowledges located within the community milieu. Others identified the role of spirituality and agential realisations as pathways that embodied hope and offered resonant responses to trauma. Importantly, participants also identified that Western professionals can also bring their hands together to play an integral role. By considering the mosaic of not only psychosocial interventions but addressing the practical outcomes of finding employment, obtaining job skills, pursuing an education and navigating the different realities between Sudan and Australia present a rich multitude of ways that Western professionals can effectively and respectfully work alongside this resettling community.

BACKGROUND
Jay Marlowe is a PhD Candidate within the School of Social Work at Flinders University. His research is supported by a National Health and Medical Research Council biomedical scholarship and will be attending the Refugee Studies Centre later this year as a visiting fellow at Oxford.

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